

Fill in this information to identify your case:

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (If known): \_\_\_\_\_ Chapter you are filing under:  
☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

FILED

2019 OCT -8 PM 1:46

U.S. BANKRUPTCY  
DISTRICT OF SOUTH CAROLINA

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

MARSHEA

First name

Middle name

BOYD

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 2 3 6 4

OR

9 XX - XX -

XXX - XX -

OR

9 XX - XX -

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

29 SUNGLOW STREET

Number Street

SIMPSONVILLE

City

SC

State

29681

ZIP Code

GREENVILLE COUNTY

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

**8. How you will pay the fee**

☐ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☒ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

☒ No

☐ Yes. What is the hazard??

If immediate attention is needed, why is it needed?

Where is the property??

Number Street

City

State

ZIP Code

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.  
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49  
☐ 50-99  
☐ 100-199  
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☒ \$0-\$50,000  
☐ \$50,001-\$100,000  
☐ \$100,001-\$500,000  
☐ \$500,001-\$1 million

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000  
☒ \$50,001-\$100,000  
☐ \$100,001-\$500,000  
☐ \$500,001-\$1 million

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter 7, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 1

Executed on

09/05/2019  
MM / DD / YYYY

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No

☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No

☒ Yes

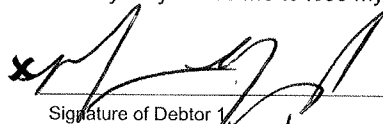
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

  
Signature of Debtor 1

Date

09/05/2019  
MM / DD / YYYY

Contact phone 9712276476

Cell phone 9712276476

Email address MARSHEABOYD@YAHOO.COM



Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone

Cell phone

Email address

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number   
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....		\$ 0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....		\$ 4160.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....		\$ 4160.00

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....		\$ 3500.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....		\$ 1032.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....		+ \$ 85264.69
<b>Your total liabilities</b>		\$ 89796.69

#### Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....		\$ 3513.39
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....		\$ 4030.00



Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4154.72

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 1032.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 57730.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. Total. Add lines 9a through 9f.

\$ 58762.00

**Fill in this information to identify your case and this filing:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
Street address, if available, or other description

City State ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

City State ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ 0.00

## Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1. Make: CHEVROLET  
Model: IMPALA  
Year: 2011  
Approximate mileage: 176000

Other information:

FAIR CONDITION

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 1950.00 \$ 1950.00

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make:   
Model:   
Year:   
Approximate mileage:   
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \$

☐ Check if this is community property (see instructions)

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 1950.00

Debtor 1

MARSHEA BOYD  
First Name Middle Name Last Name

Case number (if known)

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

BED, BEDDING, CHAIRS, COOKING UTENSILS, COUCH, EATING UTENSILS, MICROWAVE, AND TOWELS

\$ 600.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

COMPUTER, SMARTPHONE, AND TV

\$ 600.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

\$ 0.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

\$ 0.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

\$ 0.00

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

ALL CLOTHES AND FOOTWEAR

\$ 200.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

\$ 0.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

DOG

\$ 20.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information. ....

\$ 0.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 1420.00

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes

Cash: \$ 5.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No

☐ Yes

Institution name:

17.1. Checking account: NAVY FEDERAL \$ 0.00

17.2. Checking account: BANK OF AMERICA \$ 0.00

17.3. Savings account: \$

17.4. Savings account: \$

17.5. Certificates of deposit: \$

17.6. Other financial account: \$

17.7. Other financial account: \$

17.8. Other financial account: \$

17.9. Other financial account: \$

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes

Institution or issuer name:

\$

\$

\$

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them

Name of entity:

% of ownership:

% \$

% \$

% \$

Debtor 1

**MARSHEA BOYD**

First Name

Middle Name

Last Name

Case number (if known)

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan: VERIZON

\$ 785.00

Pension plan:

\$ \_\_\_\_\_

IRA:

\$ \_\_\_\_\_

Retirement account:

\$ \_\_\_\_\_

Keogh:

\$ \_\_\_\_\_

Additional account:

\$ \_\_\_\_\_

Additional account:

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes .....

Institution name or individual:

Electric:

\$ \_\_\_\_\_

Gas:

\$ \_\_\_\_\_

Heating oil:

\$ \_\_\_\_\_

Security deposit on rental unit:

\$ \_\_\_\_\_

Prepaid rent:

\$ \_\_\_\_\_

Telephone:

\$ \_\_\_\_\_

Water:

\$ \_\_\_\_\_

Rented furniture:

\$ \_\_\_\_\_

Other:

\$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

☒ No

☐ Yes .....

Issuer name and description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_  
\$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_  
\$ 0.00

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_  
\$ 0.00

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

\_\_\_\_\_

Federal: \$ \_\_\_\_\_  
State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

Alimony: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Support: \$ \_\_\_\_\_  
Divorce settlement: \$ \_\_\_\_\_  
Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_  
\$ 0.00



Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

\$

\$

\$

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information. ....

\$ 0.00

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim. ....

\$ 0.00

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim. ....

\$ 0.00

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information. ....

\$ 0.00

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**



\$ 790.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☐ No

☐ Yes. Describe. ....

\$

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☐ Yes. Describe. ....

\$

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No

☐ Yes. Describe.....

\$

41. Inventory

☐ No

☐ Yes. Describe.....

\$

42. Interests in partnerships or joint ventures

☐ No

☐ Yes. Describe.....

Name of entity:

% of ownership:

%  
%  
%

\$  
\$  
\$

43. Customer lists, mailing lists, or other compilations

☐ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.....

\$

44. Any business-related property you did not already list

☐ No

☐ Yes. Give specific information .....

\$  
\$  
\$  
\$  
\$  
\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....

\$

0

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No

☐ Yes .....

\$

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

48. Crops—either growing or harvested

☐ No

☐ Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No

☐ Yes.....

\$

50. Farm and fishing supplies, chemicals, and feed

☐ No

☐ Yes.....

\$

51. Any farm- and commercial fishing-related property you did not already list

☐ No

☐ Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... → \$ 0.00

56. Part 2: Total vehicles, line 5 ..... \$ 1950.00

57. Part 3: Total personal and household items, line 15 ..... \$ 1420.00

58. Part 4: Total financial assets, line 36 ..... \$ 790.00

59. Part 5: Total business-related property, line 45 ..... \$ 0

60. Part 6: Total farm- and fishing-related property, line 52 ..... \$ 0.00

61. Part 7: Total other property not listed, line 54 ..... + \$ 0

62. Total personal property. Add lines 56 through 61. .... \$ 4160.00 Copy personal property total → + \$ 4160.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. .... \$ 4160.00

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
 (If known)

☐ Check if this is an amended filing

Official Form 106C

**Schedule C: The Property You Claim as Exempt**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>HOUSEHOLD GOODS</u> Line from <i>Schedule A/B</i> : <u>6</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3) _____ _____
Brief description: <u>ELECTRONICS</u> Line from <i>Schedule A/B</i> : <u>7</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(7) _____ _____
Brief description: <u>CLOTHES</u> Line from <i>Schedule A/B</i> : <u>11</u>	\$ <u>200.00</u>	<input checked="" type="checkbox"/> \$ <u>200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3) _____ _____

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1

MARSHEA BOYD

First Name Middle Name Last Name

Case number (if known)

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: PERSONAL ANIMALS Line from Schedule A/B: 13	\$ 20.00	<input checked="" type="checkbox"/> \$ 20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Brief description: CASH Line from Schedule A/B: 16	\$ 5.00	<input checked="" type="checkbox"/> \$ 5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(5)
Brief description: NAVY FEDERAL Line from Schedule A/B: 17	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(7)
Brief description: BANK OF AMERICA Line from Schedule A/B: 17	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(7)
Brief description: VERIZON Line from Schedule A/B: 21	\$ 785.00	<input checked="" type="checkbox"/> \$ 785.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10) 11 U.S.C. § 522(d)(12)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	ONE MAIN Creditor's Name 330 HARRISON BRIDGE ROAD Number Street SIMPSONVILLE SC 29680 City State ZIP Code	Describe the property that secures the claim: VEHICLE IMPALA CHEVROLET	\$ 3500.00	\$ 1950.00	\$ 1550.00
-----	--	---	------------	------------	------------

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

2.2		Describe the property that secures the claim:	\$ _____	\$ _____	\$ _____
-----	--	---	----------	----------	----------

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 3500

Fill in this information to identify your case:

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
 (If known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

CHECK INTO CASH  
 Priority Creditor's Name  
 654 FAIRVIEW ROAD  
 Number Street  
 C  
 SIMPSONVILLE SC 29680  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number UNKNOWN

Total claim	Priority amount	Nonpriority amount
\$ 632.00	\$ 632.00	\$ 0.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

2.2

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE  
 Priority Creditor's Name  
 33 VILLA ROAD  
 Number Street  
 401  
 GREENVILLE SC 29615  
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number UNKNOWN

Total claim	Priority amount	Nonpriority amount
\$ 400.00	\$ 400.00	\$ 0.00

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Debtor 1

MARSHEA BOYD

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First Name

Middle Name

Last Name

Case number (if known)

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 CAPITAL ONE  
 Nonpriority Creditor's Name  
 11013 W BROAD ST  
 Number Street  
 GLEN ALLEN VA 23060  
 City State ZIP Code

Last 4 digits of account number 2100

Total claim

\$ 381.00When was the debt incurred? 2/27/14

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.2 CAPITAL ONE  
 Nonpriority Creditor's Name  
 11013 W BROAD ST  
 Number Street  
 GLEN ALLEN VA 23060  
 City State ZIP Code

Last 4 digits of account number 6322\$ 416.00When was the debt incurred? 8/21/18

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify CREDIT CARD

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.3 DIVERSIFIED  
 Nonpriority Creditor's Name  
 POB 551268  
 Number Street  
 JACKSONVILLE FL 32255  
 City State ZIP Code

Last 4 digits of account number 3206\$ 1562.00When was the debt incurred? 7/29/18

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify COLLECTION

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes



Debtor 1

MARSHEA BOYD

Document

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Case number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1209\$ 7114.00When was the debt incurred? 5/12/15

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.5

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0926\$ 6216.00When was the debt incurred? 9/26/16

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.6

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1209\$ 4529.00When was the debt incurred? 5/12/15

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Debtor 1

MARSHEA BOYD

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First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0224\$ 27027.00When was the debt incurred? 2/24/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.8

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0925\$ 2263.00When was the debt incurred? 9/25/17

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.9

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0926\$ 3518.00When was the debt incurred? 9/26/16

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Debtor 1

MARSHEA BOYD

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First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0925\$ 3228.00When was the debt incurred? 9/25/17

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.11

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0115\$ 3017.00When was the debt incurred? 1/14/16

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

4.12

DPT ED/NAVI

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0115\$ 818.00When was the debt incurred? 1/14/16

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13

EASYPAY/DVRA

Nonpriority Creditor's Name

2701 LOKER AV WEST

Number Street

CARLSBAD

CA

92008

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 6813

\$ 3585.00

When was the debt incurred? 7/6/18

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify OTHER

4.14

GM FINANCIAL

Nonpriority Creditor's Name

PO BOX 9130

Number Street

FORT WORTH

TX

76147

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1094

\$ 7741.00

When was the debt incurred? 4/30/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify AUTOMOBILE

4.15

KIMBRELLS

Nonpriority Creditor's Name

129 NORTH MAIN STREET

Number Street

FOUNTAIN INN

SC

29644

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number UNKNOWN

\$ 900.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify FURNITURE

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.16

MR. TRANSMISSION

Nonpriority Creditor's Name

515 SOUTH PLEASANTBURG DRIVE

Number Street

GREENVILLE

SC

29607

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number UNKNOWN

\$ 2500.00

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify PAYDAY LOAN

4.17

NAVY FEDERAL

Nonpriority Creditor's Name

820 FOLLIN LANE

Number Street

VIENNA

VA

22180

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 7247

\$ 1165.00

When was the debt incurred? 1970

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify BANK DEBT

4.18

OPPITY FIN

Nonpriority Creditor's Name

11 E. ADAMS SUITE 501

Number Street

CHICAGO

IL

60603

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 8211

\$ 822.00

When was the debt incurred? 4/11/19

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify OTHER

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19

ONEMAIN

Nonpriority Creditor's Name

PO BOX 742536

Number Street

CINCINNATI

OH

45274-2536

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0761\$ 4016.00When was the debt incurred? 5/13/19

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify OTHER

4.20

PROGRESSIVE LEASING

Nonpriority Creditor's Name

256 WEST DATA DRIVE

Number Street

DRAPER

UT

84020

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2274\$ 446.69When was the debt incurred? 1970

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CREDIT CARD

4.21

PADDOCK CLUB

Nonpriority Creditor's Name

50 ROCKY CREEK ROAD

Number Street

GREENVILLE

SC

29615

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number UNKNOWN\$ 2000.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify APARTMENT

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.22

TMOBILE

Nonpriority Creditor's Name

12920 SOUTHEAST 38TH STREET

Number Street

BELLEVUE

WA

98006

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number UNKNOWN

\$ 2000.00

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify PHONE SERVICE

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Debtor 1

MARSHEA BOYD

First Name Middle Name Last Name

Case number (If known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_



Debtor 1

MARSHEA BOYD

Document Page 33 of 74

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims  
from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 1032.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 1032.00

**Total claim****Total claims  
from Part 2**

6f. Student loans

6f. \$ 57730.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 27534.69

6j. Total. Add lines 6f through 6i.

6j. \$ 85264.69

Fill in this information to identify your case:

Debtor MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
(Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

KIMBRELLS FURNITURE  
Name  
129 NORTH MAIN STREET  
Number Street  
FOUNTAIN INN SC 29644  
City State ZIP Code

2.2

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

2.3

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

2.4

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.3

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☒ Employed  
☐ Not employed

- ☐ Employed  
☐ Not employed

#### Occupation

TELESALES

#### Employer's name

VERIZON WIRELESS

#### Employer's address

701 BROOKFIELD PARKWAY  
Number Street

Number Street

GREENVILLE SC 29607  
City State ZIP Code

City State ZIP Code

How long employed there? 1.5 YEARS

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3500.00

\$

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$

4. Calculate gross income. Add line 2 + line 3.

4. \$ 3500.00

\$

Debtor 1 **MARSHEA BOYD**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 3500.00	\$ _____
<b>5. Indicate whether you have the payroll deductions below:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 234.18	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 170.12	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 0.00	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ 82.31	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 486.61	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3013.39	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ 0.00	\$ _____
8b. Interest and dividends	\$ 0.00	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	\$ 0.00	\$ _____
8d. Unemployment compensation	\$ 0.00	\$ _____
8e. Social Security	\$ 0.00	\$ _____
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. Specify (Debtor 1): _____ Specify (Debtor 2 or Non-Filing Spouse): _____</small>	\$ 0.00	\$ _____
8g. Pension or retirement income	\$ 0.00	\$ _____
8h. Other monthly income. <small>Specify (Debtor 1): _____ Specify (Debtor 2 or Non-Filing Spouse): _____</small>	\$ 0.00	\$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$ 0.00	\$ _____
10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	\$ 3013.39	+ \$ 0.00 = \$ 3013.39
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.</small> Specify: <u>ARTHUR DRAKEFORD</u>		
		11. + \$ 500.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. 3513.39
12. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		Combined monthly income

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

# **Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

CHILD

17

☐ No  
☒ Yes

CHILD

14

☐ No  
☒ Yes

CHILD

9

☐ No  
☒ Yes

CHILD

2

☐ No  
☒ Yes

CHILD

1

☐ No  
☒ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

☒ No

☐ Yes

## **Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

**Your expenses**

4. \$ 1000.00

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

Debtor 1

MARSHEA BOYD

First Name Middle Name Last Name

Case number (if known)

**Your expenses**

5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$	0.00
6. <b>Utilities:</b>			
6a. Electricity, heat, natural gas	6a.	\$	250.00
6b. Water, sewer, garbage collection	6b.	\$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	350.00
6d. Other. Specify: <u>YARD CARE.</u>	6d.	\$	160.00
7. <b>Food and housekeeping supplies</b>	7.	\$	500.00
8. <b>Childcare and children's education costs</b>	8.	\$	650.00
9. <b>Clothing, laundry, and dry cleaning</b>	9.	\$	300.00
10. <b>Personal care products and services</b>	10.	\$	200.00
11. <b>Medical and dental expenses</b>	11.	\$	0.00
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	200.00
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$	200.00
14. <b>Charitable contributions and religious donations</b>	14.	\$	0.00
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	120.00
15d. Other insurance. Specify: _____	15d.	\$	0.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$	0.00
17. <b>Installment or lease payments:</b>			
17a. Car payments for Vehicle 1	17a.	\$	
17b. Car payments for Vehicle 2	17b.	\$	
17c. Other. Specify: _____	17c.	\$	
17d. Other. Specify: _____	17d.	\$	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	\$	0.00
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$	0.00
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>			
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

Debtor 1 **MARSHEA BOYD**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ 0.00

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 4030.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4030.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 3513.39

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 4030.00

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ -516.61

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: I'M MOVING OUT OF STATE TAKING A PAY CUT



Fill in this information to identify your case:

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x [Signature]  
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date 09/05/2019  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 107

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>419 E BUTLER RD</u> Number Street	From <u>2015</u> To <u>2017</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>18</u>		Number Street	From _____ To _____
<u>MAULDIN</u> <u>SC</u> <u>29662</u> City State ZIP Code		City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

Debtor 1 **MARSHEA BOYD**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 27111	\$
<b>For last calendar year:</b> (January 1 to December 31, 2018) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 43703	\$
<b>For the calendar year before that:</b> (January 1 to December 31, 2017) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 21477	\$

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	ARTHUR DRAKEFORD	
	\$ 5600.00	\$
	FAMILY SUPPORT	
	\$ 2316.00	\$
		\$
<b>For last calendar year:</b> (January 1 to December 31, 2018) YYYY	ARTHUR DRAKEFORD	
	\$ 6000.00	\$
		\$
		\$
<b>For the calendar year before that:</b> (January 1 to December 31, 2017) YYYY	ARTHUR DRAKEFORD	
	\$ 24000.00	\$
		\$
		\$

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number _____ Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number _____ Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number _____ Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

MARSHEA BOYD

First Name Middle Name Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		
Case title _____ _____	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☐ No  
☒ Yes. Fill in the details.

CAPITAL ONE

Creditor's Name

1680 CAPITAL ONE DRIVE

Number Street

MCLEAN

VA

22102

City

State

ZIP Code

Describe the action the creditor took

CLOSED MY ACCOUNTS

Date action was taken

6/1/19

Amount

\$ 1300

Last 4 digits of account number: XXXX- \_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

\$ \_\_\_\_\_

Number Street

\$ \_\_\_\_\_

City

State

ZIP Code

Person's relationship to you \_\_\_\_\_

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

\$ \_\_\_\_\_

Number Street

\$ \_\_\_\_\_

City

State

ZIP Code

Person's relationship to you \_\_\_\_\_

Debtor 1 **MARSHEA BOYD**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			\$ _____
			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			



Debtor 1

MARSHEA BOYD

First Name Middle Name Last Name

Case number (if known)

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____	_____ _____	\$ _____ \$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____	_____ _____	\$ _____ \$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____	_____ _____ _____	_____
Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____	_____ _____ _____	_____

Debtor 1 MARSHEA BOYD Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made
_____	_____	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	Name _____ Number Street _____ City State ZIP Code _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **MARSHEA BOYD**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility	Who else has or had access to it?	Describe the contents	Do you still have it?
Number Street	Name		<input type="checkbox"/> No
City State ZIP Code	Number Street		<input type="checkbox"/> Yes
	City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

Owner's Name	Where is the property?	Describe the property	Value
Number Street	Number Street		\$ _____
City State ZIP Code	City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
Number Street	Governmental unit		
City State ZIP Code	Number Street		
	City State ZIP Code		

Debtor 1 **MARSHEA BOYD**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed From _____ To _____

Debtor 1 **MARSHEA BOYD**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Business Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Describe the nature of the business \_\_\_\_\_

Name of accountant or bookkeeper \_\_\_\_\_

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_

MM / DD / YYYY \_\_\_\_\_


Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

  
Signature of Debtor 2

Date 09/05/2019

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1 MARSHEA BOYD  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>ONE MAIN</u> Description of property securing debt: <u>VEHICLE IMPALA CHEVROLET</u>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

MARSHEA BOYD

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: KIMBRELLS

☒ No

Description of leased property: FURNITURE

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 1

Signature of Debtor 2

Date 09/05/2019  
MM / DD / YYYY

Date  
MM / DD / YYYY

**Check one box only as directed in this form and in Form 122A-1Supp:**

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Official Form 122A-1

## 12/15

### Part 1: Calculate Your Current Monthly Income

- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

page 1



Debtor 1

First Name Middle Name Last Name

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b> Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: $\downarrow$ For you ..... \$ <u>0.00</u> For your spouse..... \$ _____	\$ <u>0.00</u>	\$ _____
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ _____
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  _____ _____ Total amounts from separate pages, if any.	\$ <u>0.00</u> \$ _____ + \$ _____	\$ _____ \$ _____ + \$ _____
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>4154.72</u>	\$ <u>0.00</u>
	+ = \$ <u>4154.72</u> Total current monthly income	

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. .... Copy line 11 here  $\rightarrow$  \$ 4154.72  
Multiply by 12 (the number of months in a year).  
12b. The result is your annual income for this part of the form. 12b. \$ 49856.64

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. SC

Fill in the number of people in your household. 6

Fill in the median family income for your state and size of household. .... 13. \$ 95494.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.


**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X**   
Signature of Debtor 1  
Date 09/05/2019  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2  
Date \_\_\_\_\_  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

DISTRICT OF SOUTH CAROLINA  
IN THE UNITED STATES BANKRUPTCY COURT FOR THE

IN RE:

MARSHEA BOYD

Debtor.

)  
)  
) Case No. \_\_\_\_\_  
)

) Chapter 7  
)

**VERIFICATION OF MATRIX**

The above named debtor hereby verifies that the attached List of Creditors is true and correct to the best of his/her/their knowledge.

Date: 09/05/2019

  
Debtor Signature

Capital One  
11013 W Broad St  
Glen Allen, VA 23060

Check Into Cash  
654 Fairview Road  
Simpsonville, SC 29680

Diversified  
Pob 551268  
Jacksonville, FL 32255

Dpt Ed Navi  
Po Box 9635  
Wilkes Barre, PA 18773

Easypay Dvra  
2701 Loker Av West  
Carlsbad, CA 92008

Gm Financial  
Po Box 9130  
Fort Worth, TX 76147

Kimbrells  
129 North Main Street  
Fountain Inn, SC 29644

Mr Transmission  
515 South Pleasantburg Drive  
Greenville, SC 29607

Navy Federal  
820 Follin Lane  
Vienna, VA 22180

Oppity Fin  
11 E Adams Suite 501  
Chicago, IL 60603

One Main  
330 Harrison Bridge Road  
Simpsonville, SC 29680

Onemain  
Po Box 742536  
Cincinnati, OH 45274-2536

Progressive Leasing  
256 West Data Drive  
Draper, UT 84020

Paddock Club  
50 Rocky Creek Road  
Greenville, SC 29615

State Of South Carolina Department Of Revenue  
33 Villa Road  
Greenville, SC 29615

Tmobile  
12920 Southeast 38th Street  
Bellevue, WA 98006

UNITED STATES BANKRUPTCY COURT FOR THE  
DISTRICT OF SOUTH CAROLINA

In re:

MARSHEA BOYD

Debtor.

Case No. \_\_\_\_\_

Chapter 7

**PAY ADVICE COVER SHEET**

The following pay advice/income record information is filed on behalf of the debtors:



All pay advices from the last 60 days are attached.



The debtor certifies by his/her signature below that he/she has no pay records because:



Debtor was unemployed.




Debtor was paid in cash.



Debtor lost pay stubs.



Other explanation: \_\_\_\_\_

  
Signature of Debtor 1, Filing Pro Se  
Executed on 09/05/2019  
MM / DD / YYYY

**Cellco Partnership**

One Verizon Way  
Basking Ridge NJ 07920  
1-800-932-7947

Pay Group:	NEO-Northeast Ovrhd Non-Timesh		
Pay Begin Date:	05/20/2018	Advice #:	31572598
Pay End Date:	06/02/2018	- On-Line Check -	Advice Date: 06/01/2018

<b>Marshea Lashunna Boyd</b>  29 Sunglow st  Simpsonville SC 29681	Employee ID: 2569556	TAX DATA:	Federal	SC State
	Mail Drop: H00000000	Marital Status:	Exempt	Exempt
	Location: N/A Cycle Rate: N/A	Allowances:	0	0
		Addl. Pct.:	0	0
		Addl. Amt.:	0	0

HOURS AND EARNINGS						TAXES			
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current Tax Gross Cur	YTD Tax Gross YTD	
<b>CURRENT PAY PERIOD:</b> 05/20/2018-06/02/2018						Fed Withholding	1,129.62	19,284.50	
Regular Pay	12.73365	40.00	509.35	441.43	5,537.58	Fed MED/EE	16.38	1,129.62	292.09
	4					Fed OASDI/EE	70.03	1,129.62	1,248.93
STD No Pay		8.00		24.00		SC Withholding	1,129.62		19,284.50
Short Term Disability	12.50000	8.00	100.00	312.00	3,913.09				
	0								
STD - 60%		24.00	180.00	24.00	180.00				
	7.500000								
Absence Commission - 100%			56.61		2,207.79				
Absence Target Comm 60%	12.73365		101.88		101.88				
	4								
<b>PRIOR PAY PERIOD:</b> 05/13/2018-05/19/2018									
Regular Pay	12.73365	-40.00	-509.35						
	4								
Short Term Disability	12.50000	40.00	500.00						
	0								
Absence Commission - 100%			283.05						
<b>YTD HISTORY:</b>									
OT PAID @ 1.5				31.41	589.64				
Commissions					6,458.06				
FLSA True Up					333.03				
Holiday				24.00	300.00				
Holiday Worked Premium - 150%				0.71	13.31				
Holiday Worked @ 0.50				16.00	100.00				
Personal Leave				40.00	500.93				
Sick Pay				31.23	393.18				
Sunday Worked Premium - 35%				97.09	425.77				
Vacation				4.00	50.93				
Total:			1,221.54		21,105.19	Total:	86.41		1,541.02
<b>BEFORE-TAX DEDUCTIONS</b>			<b>AFTER-TAX DEDUCTIONS</b>			<b>EMPLOYER PAID BENEFITS</b>			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
Health Care Spending Acct	50.00	550.00	Employee Supl AD&D	1.81	19.91	Imputed Income*		49.99	
Before-Tax Medical	24.61	270.71	Dependent Life - Child	1.08	11.88				
Before-Tax Dental	17.31	190.41	Employee Supl Life	0.48	5.28				
Basic Savings Plan		859.56	Dependent AD&D - Child	0.23	2.53				
			Fitness Center		75.00				
			Long-Term Disability Ins		51.20				
Total:	91.92	1,870.68	Total:	3.60	165.80	*Taxable			
<b>TOTAL GROSS</b>		<b>FED TAXABLE GROSS</b>		<b>TOTAL TAXES</b>		<b>TOTAL DEDUCTIONS</b>		<b>NET PAY</b>	
Current:	1,221.54	1,129.62	86.41	95.52	1,039.61				
YTD:	21,105.19	19,284.50	1,541.02	2,036.48	17,527.69				

NET PAY DISTRIBUTION		
Checking Acct#	XXXXXX4125	519.81
Checking Acct#	XXXXXX3320	519.80
Total:		1,039.61

**MESSAGE:**

Regular Pay: 05/20/18-06/02/18. Exception Pay: 05/13/18-05/26/18.



**Cellco Partnership**

One Verizon Way  
Basking Ridge NJ 07920  
1-800-932-7947

Pay Group:	NEO-Northeast Ovrhd Non-Timesh	Advice #:	33142924
Pay Begin Date:	05/05/2019	Advice	05/17/2019
Pay End Date:	05/18/2019	- On-Line Check -	Date:

<b>Marshea Lashunna Boyd</b>  29 Sunglow st  Simpsonville SC 29681	Employee ID:	2569556	TAX DATA:	Federal	SC State
	Mail Drop:	H00000000	Marital Status:	Exempt	Exempt
	Location:		Allowances:	0	0
	Cycle Rate:	N/A	Addl. Pct.:	0	0
			Addl. Amt.:	0	0

HOURS AND EARNINGS						TAXES				
Description	Rate	Current Hours	Earnings	YTD Hours	YTD Earnings	Description	Current Tax Gross Cur	YTD Tax Gross	YTD	Tax Gross YTD
<b>CURRENT PAY PERIOD:</b>						Fed Withholding		925.44		17,905.83
05/05/2019-05/18/2019						Fed MED/EE	14.36	990.38	275.81	19,021.54
Regular Pay	13.30673	72.00	958.09	510.61	6,641.15	Fed OASDI/EE	61.41	990.38	1,179.34	19,021.54
	1					SC Withholding		925.44		17,905.83
OT PAID @ 1.5	19.96009	0.23	4.59	24.51	469.17					
	7									
Vacation	13.30673	8.00	106.45	25.25	333.69					
	1									
<b>PRIOR PAY PERIOD:</b>										
04/28/2019-05/04/2019										
Regular Pay	13.30673	-8.00	-106.45							
	1									
OT PAID @ 1.5	19.96009	0.28	5.59							
	7									
Sick Pay	13.30673	0.57	7.58	27.21	355.07					
	1									
Vacation	13.30673	8.00	106.45							
	1									
<b>YTD HISTORY:</b>										
Absence Time Unpaid				2.33						
Commissions					6,186.37					
Absence Commission - 100%					1,188.81					
FLSA True Up					152.29					
Holiday				24.00	305.61					
Holiday Worked Premium - 150%				0.10	1.91					
Holiday Worked @ 0.50				8.00	50.93					
Personal Leave				53.00	700.24					
RSU Award					1,439.82					
Sunday Worked Premium - 35%				16.28	72.56					
Verizon Paid Parental Leave				168.00	2,139.27					
Total:			1,082.30		20,036.89	Total:	75.77		1,455.15	
<b>BEFORE-TAX DEDUCTIONS</b>			<b>AFTER-TAX DEDUCTIONS</b>			<b>EMPLOYER PAID BENEFITS</b>				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD		
Basic Savings Plan	64.94	1,115.71	Fitness Center	15.00	75.00					
Health Care Spending Acct	50.00	500.00	Employee Supl AD&D	1.83	18.30					
Before-Tax Medical	24.61	246.10	Dependent Life - Child	1.08	10.80					
Before-Tax Dental	17.31	173.10	Employee Supl Life	0.54	5.40					
Dependent Care Spending Acct		96.15	Dependent AD&D - Child	0.23	2.30					
			Long-Term Disability Ins		10.38					
Total:	156.86	2,131.06	Total:	18.68	122.18	*Taxable				
<b>TOTAL GROSS</b>		<b>FED TAXABLE GROSS</b>		<b>TOTAL TAXES</b>		<b>TOTAL DEDUCTIONS</b>		<b>NET PAY</b>		
Current:	1,082.30		925.44		75.77		175.54		830.99	
YTD:	20,036.89		17,905.83		1,455.15		2,253.24		16,328.50	

NET PAY DISTRIBUTION		
Checking Acct#	XXXXXX4125	83.10
Checking Acct#	XXXXXX7247	747.89
Total:		830.99

MESSAGE:

Regular Pay: 05/05/19-05/18/19. Exception Pay: 04/28/19-05/11/19.

HOURS AND EARNINGS						TAXES					
Description		Current Rate	Current Hours	Earnings	YTD Hours Earnings		Description		Current Tax Gross Cur	YTD	Tax Gross YTD
<b>CURRENT PAY PERIOD:</b>											
<b>05/19/2019-06/01/2019</b>											
Regular Pay	13.30673	80.00	1,064.54	582.27	7,594.71	Fed Withholding		2,865.44			20,771.27
	1					Fed MED/EE	44.29	3,054.21	320.10		22,075.75
OT PAID @ 1.5	19.96009	1.47	29.34	25.98	498.51	Fed OASDI/EE	189.36	3,054.21	1,368.70		22,075.75
	7					SC Withholding		2,865.44			20,771.27
<b>PRIOR PAY PERIOD:</b>											
<b>05/12/2019-05/18/2019</b>											
Regular Pay	13.30673	-8.34	-110.98								
	1										
Sick Pay	13.30673	0.70	9.31	27.91	364.38						
	1										
Vacation	13.30673	8.00	106.45	33.25	440.14						
	1										
<b>04/01/2019-04/30/2019</b>											
Commissions			2,047.47		8,233.84						
<b>YTD HISTORY:</b>											
Absence Time Unpaid				2.33							
Absence Commission - 100%					1,188.81						
FLSA True Up					152.29						
Holiday				24.00	305.61						
Holiday Worked Premium - 150%				0.10	1.91						
Holiday Worked @ 0.50				8.00	50.93						
Personal Leave				53.00	700.24						
RSU Award					1,439.82						
Sunday Worked Premium - 35%				16.28	72.56						
Verizon Paid Parental Leave				168.00	2,139.27						
Total:			3,146.13		23,183.02	Total:		233.65		1,688.80	
<b>BEFORE-TAX DEDUCTIONS</b>				<b>AFTER-TAX DEDUCTIONS</b>				<b>EMPLOYER PAID BENEFITS</b>			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Basic Savings Plan	188.77	1,304.48	Employee Supl AD&D	1.83	20.13						
Health Care Spending Acct	50.00	550.00	Dependent Life - Child	1.08	11.88						
Before-Tax Medical	24.61	270.71	Employee Supl Life	0.54	5.94						
Before-Tax Dental	17.31	190.41	Dependent AD&D - Child	0.23	2.53						
Dependent Care Spending Acct		96.15	Fitness Center		75.00						
			Long-Term Disability Ins		10.38						
Total:			280.69		2,411.75	Total:		3.68	125.86	*Taxable	
<b>TOTAL GROSS</b>			<b>FED TAXABLE GROSS</b>			<b>TOTAL TAXES</b>			<b>TOTAL DEDUCTIONS</b>		
<b>NET PAY</b>											
Current:	3,146.13		2,865.44		233.65	284.37					2,628.11
YTD:	23,183.02		20,771.27		1,688.80	2,537.61					18,956.61
						<b>NET PAY DISTRIBUTION</b>					

Checking Acct#	XXXXXX4125	262.81
Checking Acct#	XXXXXX7247	2,365.30
Total:		2,628.11

**MESSAGE:**

Regular Pay: 05/19/19-06/01/19. Exception Pay: 05/12/19-05/25/19.

**Cellco Partnership**

One Verizon Way  
Basking Ridge NJ 07920  
1-800-932-7947

Pay Group:	NEO-Northeast Ovrhd Non-Timesh		
Pay Begin Date:	06/02/2019	Advice #:	33255669
Pay End Date:	06/15/2019	- On-Line Check -	Advice Date: 06/14/2019

<b>Marshea Lashunna Boyd</b>  29 Sunglow st  Simpsonville SC 29681	Employee ID: 2569556 Mail Drop: H00000000 Location: N/A Cycle Rate: N/A	TAX DATA: Federal SC State Marital Status: Exempt Exempt Allowances: 0 0 Addl. Pct.: 0 0 Addl. Amt.: 0 0

HOURS AND EARNINGS						TAXES			
Description	Rate	Current Hours	Earnings	YTD Hours	YTD Earnings	Description	Current Tax Gross Cur	YTD Tax Gross YTD	
<b>CURRENT PAY PERIOD:</b> 06/02/2019-06/15/2019						Fed Withholding	917.00	21,706.69	
Regular Pay	13.30673	40.00	532.27	610.78	7,974.09	Fed MED/EE	14.23 981.40	334.61 23,076.75	
	1					Fed OASDI/EE	60.85 981.40	1,430.76 23,076.75	
Vacation	13.30673	40.00	532.27	73.25	972.41	SC Withholding	917.00	21,706.69	
	1								
<b>PRIOR PAY PERIOD:</b> 05/26/2019-06/01/2019									
Regular Pay	13.30673	-11.49	-152.89						
	1								
Holiday	13.30673	8.00	106.45	32.00	412.06				
	1								
Sick Pay	13.30673	4.15	55.22	32.06	419.60				
	1								
<b>YTD HISTORY:</b>									
OT PAID @ 1.5				25.98	498.51				
Absence Time Unpaid				2.33					
Commissions					8,233.84				
Absence Commission - 100%					1,188.81				
FLSA True Up					171.89				
Holiday Worked Premium - 150%				0.10	1.91				
Holiday Worked @ 0.50				8.00	50.93				
Personal Leave				53.00	700.24				
RSU Award					1,439.82				
Sunday Worked Premium - 35%				16.28	72.56				
Verizon Paid Parental Leave				168.00	2,139.27				
Total:			1,073.32		24,275.94	Total:	75.08	1,765.37	
<b>BEFORE-TAX DEDUCTIONS</b>			<b>AFTER-TAX DEDUCTIONS</b>			<b>EMPLOYER PAID BENEFITS</b>			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
Basic Savings Plan	64.40	1,370.06	Employee Supl AD&D	1.83	21.96				
Health Care Spending Acct	50.00	600.00	Dependent Life - Child	1.08	12.96				
Before-Tax Medical	24.61	295.32	Employee Supl Life	0.54	6.48				
Before-Tax Dental	17.31	207.72	Dependent AD&D - Child	0.23	2.76				
Dependent Care Spending Acct		96.15	Fitness Center		75.00				
			Long-Term Disability Ins		10.38				
Total:	156.32	2,569.25	Total:	3.68	129.54	*Taxable			
<b>TOTAL GROSS</b>		<b>FED TAXABLE GROSS</b>		<b>TOTAL TAXES</b>		<b>TOTAL DEDUCTIONS</b>		<b>NET PAY</b>	
Current:	1,073.32	917.00	75.08	160.00	838.24				
YTD:	24,275.94	21,706.69	1,765.37	2,698.79	19,811.78				
<b>NET PAY DISTRIBUTION</b>									
Checking Acct#	XXXXXX4125	83.82							
Checking Acct#	XXXXXX7247	754.42							

Total:	838.24
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**MESSAGE:**

Regular Pay: 06/02/19-06/15/19. Exception Pay: 05/26/19-06/08/19.

**Cellco Partnership**

One Verizon Way  
Basking Ridge NJ 07920  
1-800-932-7947

Pay Group:	NEO-Northeast Ovrhd Non-Timesh		
Pay Begin Date:	06/16/2019	Advice #:	33304021
Pay End Date:	06/29/2019	- On-Line Check -	Advice Date: 06/28/2019

<b>Marshea Lashunna Boyd</b>  29 Sunglow st  Simpsonville SC 29681	Employee ID:	2569556	TAX DATA:	Federal	SC State
	Mail Drop:	H00000000	Marital Status:	Exempt	Exempt
	Location:		Allowances:	0	0
	Cycle Rate:	N/A	Addl. Pct.:	0	0
			Addl. Amt.:	0	0

HOURS AND EARNINGS						TAXES			
Description	Rate	Current Hours	Earnings	YTD Hours	YTD Earnings	Description	Current Tax Gross Cur	YTD Tax Gross YTD	
<b>CURRENT PAY PERIOD:</b>						Fed Withholdng	2,573.35	24,280.04	
<b>06/16/2019-06/29/2019</b>						Fed MED/EE	39.78 2,743.47	374.39 25,820.22	
Regular Pay	13.30673	79.67	1,060.15	674.07	8,816.28	Fed OASDI/EE	170.09 2,743.47	1,600.85 25,820.22	
	1					SC Withholdng	2,573.35	24,280.04	
Sick Pay	13.30673	0.50	6.65	33.22	435.03				
	1								
<b>PRIOR PAY PERIOD:</b>									
<b>06/09/2019-06/15/2019</b>									
Regular Pay	13.30673	-16.38	-217.96						
	1								
Sick Pay	13.30673	0.66	8.78						
	1								
Vacation	13.30673	16.00	212.91	89.25	1,185.32				
	1								
<b>05/01/2019-05/31/2019</b>									
Commissions			1,755.44		9,989.28				
<b>05/19/2019-05/25/2019</b>									
FLSA True Up			7.03		181.31				
<b>05/05/2019-05/11/2019</b>									
FLSA True Up			1.41						
<b>04/28/2019-05/04/2019</b>									
FLSA True Up			0.98						
<b>YTD HISTORY:</b>									
OT PAID @ 1.5				25.98	498.51				
Absence Time Unpaid				2.33					
Absence Commission - 100%					1,188.81				
Holiday				32.00	412.06				
Holiday Worked Premium - 150%				0.10	1.91				
Holiday Worked @ 0.50				8.00	50.93				
Personal Leave				53.00	700.24				
RSU Award					1,439.82				
Sunday Worked Premium - 35%				16.28	72.56				
Verizon Paid Parental Leave				168.00	2,139.27				
Total:			2,835.39	27,111.33		Total:	209.87	1,975.24	
<b>BEFORE-TAX DEDUCTIONS</b>			<b>AFTER-TAX DEDUCTIONS</b>			<b>EMPLOYER PAID BENEFITS</b>			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
Basic Savings Plan	170.12	1,540.18	Fitness Center	15.00	90.00				
Health Care Spending Acct	50.00	650.00	Employee Supl AD&D	1.83	23.79				
Before-Tax Medical	24.61	319.93	Dependent Life - Child	1.08	14.04				
Before-Tax Dental	17.31	225.03	Employee Supl Life	0.54	7.02				
Dependent Care Spending Acct		96.15	Dependent AD&D - Child	0.23	2.99				
			Long-Term Disability Ins		10.38				

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Total:	262.04	2,831.29	Total:	18.68	148.22	*Taxable		
TOTAL GROSS		FED TAXABLE GROSS	TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:	2,835.39	2,573.35	209.87		280.72		2,344.80	
YTD:	27,111.33	24,280.04	1,975.24		2,979.51		22,156.58	
						NET PAY DISTRIBUTION		
						Checking Acct#	XXXXXX4125	234.48
						Checking Acct#	XXXXXX7247	2,110.32
						Total:	2,344.80	

**MESSAGE:**

Regular Pay: 06/16/19-06/29/19. Exception Pay: 06/09/19-06/22/19.



**Cellco Partnership**

One Verizon Way  
Basking Ridge NJ 07920  
1-800-932-7947

Pay Group:	NEO-Northeast Ovrhd Non-Timesh		
Pay Begin Date:	04/21/2019	Advice #:	33094131
Pay End Date:	05/04/2019	Advice Date:	05/03/2019
	- On-Line Check -		

<b>Marshea Lashunna Boyd</b>  29 Sunglow st  Simpsonville SC 29681	Employee ID:	2569556	TAX DATA:	Federal	SC State
	Mail Drop:	H00000000	Marital Status:	Exempt	Exempt
	Location:		Allowances:	0	0
	Cycle Rate:	N/A	Addl. Pct.:	0	0
			Addl. Amt.:	0	0

HOURS AND EARNINGS						TAXES			
Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current Tax Gross Cur	YTD Tax Gross YTD	
<b>CURRENT PAY PERIOD:</b>						Fed Withholdng		938.25	16,980.39
<b>04/21/2019-05/04/2019</b>						Fed MED/EE	14.56	1,004.01	261.45
Regular Pay	13.30673	75.41	1,003.46	446.61	5,789.51	Fed OASDI/EE	62.25	1,004.01	1,117.93
	1					SC Withholdng		938.25	16,980.39
Sick Pay	13.30673	3.43	45.64	26.64	347.49				
	1								
Vacation	13.30673	2.50	33.27	9.25	120.79				
	1								
<b>PRIOR PAY PERIOD:</b>									
<b>04/14/2019-04/20/2019</b>									
Regular Pay	13.30673	-32.00	-425.82						
	1								
OT PAID @ 1.5	19.96009	0.68	13.57	24.00	458.99				
	7								
Personal Leave	13.30673	29.25	389.22	53.00	700.24				
	1								
Vacation	13.30673	2.75	36.59						
	1								
<b>04/07/2019-04/13/2019</b>									
Regular Pay	13.30673	0.15	2.00						
	1								
Sick Pay	13.30673	-0.15	-2.00						
	1								
<b>YTD HISTORY:</b>									
Absence Time Unpaid				2.33					
Commissions					6,186.37				
Absence Commission - 100%					1,188.81				
FLSA True Up					152.29				
Holiday				24.00	305.61				
Holiday Worked Premium - 150%				0.10	1.91				
Holiday Worked @ 0.50				8.00	50.93				
RSU Award					1,439.82				
Sunday Worked Premium - 35%				16.28	72.56				
Verizon Paid Parental Leave				168.00	2,139.27				
Total:			1,095.93		18,954.59	Total:	76.81		1,379.38
<b>BEFORE-TAX DEDUCTIONS</b>			<b>AFTER-TAX DEDUCTIONS</b>			<b>EMPLOYER PAID BENEFITS</b>			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
Basic Savings Plan	65.76	1,050.77	Employee Supl AD&D	1.83	16.47				
Health Care Spending Acct	50.00	450.00	Dependent Life - Child	1.08	9.72				
Before-Tax Medical	24.61	221.49	Employee Supl Life	0.54	4.86				
Before-Tax Dental	17.31	155.79	Dependent AD&D - Child	0.23	2.07				
Dependent Care Spending Acct		96.15	Fitness Center		60.00				
			Long-Term Disability Ins		10.38				

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Total:	157.68	1,974.20	Total:	3.68	103.50	*Taxable		
TOTAL GROSS		FED TAXABLE GROSS	TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:	1,095.93	938.25	76.81		161.36		857.76	
YTD:	18,954.59	16,980.39	1,379.38		2,077.70		15,497.51	
						NET PAY DISTRIBUTION		
						Checking Acct#	XXXXXX4125	85.78
						Checking Acct#	XXXXXX7247	771.98
						Total:		857.76

**MESSAGE:**

Regular Pay: 04/21/19-05/04/19. Exception Pay: 04/14/19-04/27/19.